

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

15-63-012493

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 227

Primary Registration District No. 5804

Registrar's No. 15

FILED APR 8 1963

1. PLACE OF DEATH

a. COUNTY

Monroe

b. CITY (If outside corporate limits, give TOWNSHIP only)

Jackson Township.

Length of stay in 1b

9 Mo.

c. FULL NAME OF (If NOT in hospital, give location)

RFD Paris, Missouri.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Ralls.

c. CITY

OR TOWN

Perry, Missouri.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Perry, Missouri.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First IDA

Middle MAE

Last ELY

4. DATE OF DEATH

Month March Day 31, Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-8-71

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Florida, Missouri.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles Henegar

13b. MOTHER'S MAIDEN NAME

Mollie Scobee

14. NAME OF HUSBAND OR WIFE

Ben Ely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

17. INFORMANT

O.T. Ely, Troy, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her

alive on

Death occurred at

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Paris, Missouri.

22c. DATE SIGNED

4-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-3-1963

23c. NAME OF CEMETERY OR CREMATORY

Lickcreek Cemetery.

23d. LOCATION (City, town, or county)

Perry, Mo.

(State)

24. GENERAL DIRECTOR

ADDRESS

Perry, Missouri.

25. DATE RECD. BY LOCAL REG.

4-5-63

26. REGISTRAR'S SIGNATURE

J. A. Barnett

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clyde C. Cribben

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.